

# NISHNAWBE - ASKI Legal Services Corporation

# **Employee Information**

1. Personal l	nformation				
Full Given Name:	KAKEGAMIC		ORREEN		R Initial.
Address:	712 JOHN ST. Street Address		FHSI		muar.
	THUNDER BAY City/Town		ON Provii		1 <u>28</u>
Home Phone:	1807)708-5402	Alternate Ph	one: ( )	TO SERVICE SER	
Primary Email:	crkakega @ lakeh	eadu.ca	DOB M/D/Y 04	1 16 1	1991
SSN#:	557 308 038	Status # 2	111 036 370	2//2	
2. Job Inforn	nation	A STATE OF THE STA			
Title:	EXECUTIVE ASSISTAN	TEmployee ID:			
Supervisor:	IRENE LINKLATER	_ Department:			
Work Location:	THUNDER BAY, ON	_ Work Email:	ckakegar	nic@nar	r legal
Work Phone:	(	_ Cell Phone:	(807) 708		_
Start Date:	Aug. 3/2021	Benefits		Pension: Y / N	
Term Date:		_ Salary:	\$ 43,000		
3. Emergenc	y Contact Information				
Full Name:	Solomon		HARY First	R. M Initia	<u>.                                    </u>
Address:	388 UNIVERSITY D	<b>k</b> .		Box#	
	THUNDER BAY City/Town		ON Provin		ac4
Primary Phone:	(807)709-4072	Alternate Ph	one: ()		
Relationship:	MOTHER				





557 308 038

INSURANCE NUMBER

D'ASSURANCE SOCIALE

SOCIAL

NUMÉRO

CORREEN ROSE KAKEGAMIC



# Account Information For Payroll, Direct Deposit or Pre-Authorized Payment

# Set up your direct deposits and pre-authorized payments easily and conveniently

Direct Deposit is a fast and easy way to receive your payroll or other deposits directly into your chequing account.

Pre-authorized Payment is a convenient way to automatically pay your bills from your chequing account.

This form provides account information in place of a voided cheque and is used when arranging for direct deposits or pre-authorized payments. Simply complete this form and submit it to the company depositing the payment into your account or to the billing company. Questions? Call us at 1-800-465-2422 or visit a branch.

How to find your banking information on a personal cheque:	How to find your bank account numbers online:     You'll find your account number details on the "My Accounts" screen. The first five digits are the transit number and the last 7 digits are the account number.     If you're set up to receive eStatements, you'll find your account number at the top of each statement.		
Transit No. Institution No. Account No.			
Your Information		· · · · · · · · · · · · · · · · · · ·	
First Name CORREEN	Last Name KAKEGAMIC		
712 JOHN ST			
THUNDER BAY	Province ON	Postal Code P78128	
Banking Information			
Branch Address 1038 MEMORIAL AVE.			
THUNDER BAY	Province	Postal Code P7B 4A3	
Transit Institution Number Account Number 8146284			
X Course Kask a Customer Signature	Aug.	3/2021 Date	



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION OATH OF CONFIDENTIALITY

As a person working at Nishnawbe-Aski Legal Services Corporation ("NALSC") you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC's policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC's Oath of Confidentiality Agreement.

## EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC's Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

SIGNATURE

CORREEN R. KAKEGAMIC

PRINT FULL NAME

SIGNATURE OF WITNESS

PRINT FULL NAME OF WITNESS

Revised -March 2019

# Canada Revenue Agency

## **2021 Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

· ·			<del></del>	
Last name KAKEGAMIC	First name and initial(s) CORREEN R.	Date of birth (YYYY/MM/DD)	Employee number	
712 JOHN ST. THUNDER BAY,	ON. P781Z	For non-residents only — Country of permanent residence		cial insurance number
Basic personal amount – Every resident of Canar from all sources will be greater than \$151,978 and yo return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	u enter \$13,808, you may ha all sources will be greater tha	ave an amount owing on your inc an \$151.978, you have the ontion	if your net income ome tax and benefit	
2. Canada caregiver amount for infirm children un born in 2004 or later, that resides with both parents th year, the parent who is entitled to claim the "Amount for for that same child who is under age 18.	roughout the year. If the chil	d does not reside with both nare	nts throughout the	1
3. Age amount – If you will be 65 or older on December or less, enter \$7,713. If your net income for the year viget Form TD1-WS, Worksheet for the 2021 Personal	vill be between \$38,893 and	\$90.313 and you want to calcula	es will be \$38,893 ite a partial claim,	
4. Pension income amount – If you will receive reguler Plan, Quebec Pension Plan, Old Age Security, or Guannual pension income, whichever is less.	lar pension payments from a aranteed Income Supplemen	pension plan or fund (excluding it payments), enter \$2,000 or you	Canada Pension r estimated	
5. Tuition (full time and part time) – If you are a stude Employment and Social Development Canada, and you are enrolled full time or part time, enter the total of the	ou will pay more than \$100 p	or college, or an educational inst per institution in tuition fees, fill in	itution certified by this section. If you	
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$8,662.	amount on your income tax a	and benefit return by using Form	T2201, Disability	
7. Spouse or common-law partner amount – If you whose net income for the year will be less than Line 1 and their estimated net income for the year. If their ne infirm), you cannot claim this amount. In all cases, if t go to Line 9.	(Line 1 plus \$2,295 if they a t income for the year will be	re <b>infirm</b> ), enter the difference b Line 1 or more (Line 1 plus \$2.29	etween this amount	
8. Amount for an eligible dependant – If you do not who lives with you and whose net income for the year claim the Canada caregiver amount for children ur their estimated net income. If their net income for the cannot claim this amount. In all cases, if their net incolder, go to Line 9.	will be less than Line 1 (Line nder age 18 for this depend year will be Line 1 or more (I	e 1 plus \$2,295 if they are infirm dant), enter the difference betwe ine 1 plus \$2,295 or more if they	and you cannot en this amount and	
9. Canada caregiver amount for eligible dependant an infirm eligible dependant (aged 18 or older) or an \$24,604 or less, get Form TD1-WS and fill in the appro	i <b>nfirm</b> spouse or common-la	w partner – If, at any time in the law partner whose net income for	year, you support the year will be	
10. Canada caregiver amount for dependant(s) age age 18 or older (other than the spouse or commonor could have claimed an amount for if their net in less, enter \$7,348. If their net income for the year will form TD1-WS and fill in the appropriate section. You are sharing this amount with another caregiver appropriate section.	law partner or eligible dep come were under \$16,103) be between \$17,256 and \$2 can claim this amount for mo	endant you claimed an amoun whose net income for the year w 4,604 and you want to calculate a pre than one infirm dependant ap	t for on Line 9, vill be \$17,256 or a partial claim, get e 18 or older	
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amountsed amount.	mon-law partner – If your s ount, or disability amount on	pouse or common-law partner witheir income tax and benefit retu	ill not use all of m, enter the	
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and ber	r spouse's or common-law p	artner's dependent child or grand	r income tax and dchild will not use	
13. TOTAL CLAIM AMOUNT – Add Lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax d	eductions.		13,808
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	riotected b when complet
Filling out Form TD1	<u>·</u>
Fill out this form only if any of the following apply:	
<ul> <li>you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance bene or any other remuneration</li> </ul>	fits,
<ul> <li>you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)</li> </ul>	
you want to claim the deduction for living in a prescribed zone	
<ul> <li>you want to increase the amount of tax deducted at source</li> <li>Sign and date it, and give it to your employer or payer.</li> </ul>	
If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or paye pay you.	r based on the income they
More than one employer or payer at the same time	
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts of for 2021, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	on another Form TD1 u claimed on another
Total income less than total claim amount	
Check this box if your total income for the year from all employers and payers will be less than your total claim amount on or payer will not deduct tax from your earnings.	Line 13. Your employer
Non-residents (Only fill in if you are a non-resident of Canada.)	
As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Can	nada in 2021?
Yes (Fill out the previous page.)	
No (Enter "0" on Line 13, and do not fill in Lines 2 to 12 as you are not entitled to the personal tax credits.)	
If you are unsure of your residency status, call the international tax and non-resident enquiries line at 1-800-959-8281.	
Provincial or territorial personal tax credits return	
If your claim amount on Line 13 is more than \$13,808, you also have to fill out a provincial or territorial TD1 form. If you are an emp Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of re payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax de	sidence. Your employer or
If you are claiming the basic personal amount <b>only</b> , your employer or payer will deduct provincial or territorial taxes after allowing to basic personal amount.	
Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2021, you may be able to claim the Form TD1SK, 2021 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you a personal amount on this form.	child amount on are <b>only</b> claiming the basic
Deduction for living in a prescribed zone	
If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row be you can claim any of the following:	ginning or ending in 2021,
\$11.00 for each day that you live in the prescribed northern zone	
<ul> <li>\$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction</li> </ul>	\$
Employees living in a prescribed i <b>ntermediate</b> zone can claim 50% of the total of the above amounts. For more information, go to <b>canada.ca/taxes-northern-residents</b> .	
Additional tax to be deducted	
You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment neome such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you ile your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.	\$
Reduction in tax deductions	
You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable ta: on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expense uition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Redu- Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not ne your employer deducts RRSP contributions from your salary.	s, charitable donations, and ce Tax Deductions at
Forms and publications	
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.	
Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related program	s and activities including

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification ————————————————————————————————————		<u>-</u>	
I certify that the information given on this form is correct and complete.  Signature  It is a serious offence to make a false return.	Date	2021-08-03 YYYY/MM/DD	_



### 2021 Ontario **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions. Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee num	ber
KAKEGAMIC	CORREEN R.	1991/04/16		. ,
712 JOHN ST. THUNDER B	AY, ON P 7 B 1 2	For non-residents only — Country of permanent reside	ence	Social insurance number 5 5 7 3 0 8 0 3 8
Basic personal amount – Every person employ If you will have more than one employer or payer at on page 2.	ed in Ontario and every pension the same time in 2021, see "N	oner residing in Ontario can claim More than one employer or payer	this amount. at the same time	10,880
2. Age amount – If you will be 65 or older on Dece enter \$5,312. If your net income for the year will be Form TD10N-WS, Worksheet for the 2021 Ontario	between \$39,546 and \$74,960	and you want to calculate a par	tial claim, get	
3. Pension income amount – If you will receive replan, Quebec Pension Plan, Old Age Security, or Gannual pension income, whichever is less.	gular pension payments from a suaranteed Income Supplemen	a pension plan or fund (excluding at payments), enter \$1,504, or yo	Canada Pension ur estimated	
4. Disability amount – If you will claim the disability Tax Credit Certificate, enter \$8,790.	y amount on your income tax a	and benefit return by using Form	T2201, Disability	
5. Spouse or common-law partner amount If you whose net income for the year will be \$924 or less, and you want to calculate a partial claim, get Form	enter \$9,238. If their net incom	e for the year will be between \$9	s with you and 924 and \$10,162	
6. Amount for an eligible dependant – If you do n who lives with you and whose net income for the ye between \$924 and \$10,162 and you want to calcula	ar will be \$924 or less, enter \$	9.238. If their net income for the	vear will be	
7. Ontario caregiver amount – You may be suppo spouse's or common-law partner's:	rting an eligible infirm dependa	ant aged 18 or older who is either	your or your	
child or grandchild				
<ul> <li>parent, grandparent, brother, sister, aunt, uncle,</li> </ul>	niece or nephew who is reside	ent in Canada		
If this is your situation, get Form TD1ON-WS and fil	I in the appropriate section.			
8. Amounts transferred from your spouse or cor their age amount, pension income amount, or disab	nmon-law partner - If your sp ility amount on their income ta	oouse or common-law partner wil x and benefit return, enter the un	not use all of used amount	
9. Amounts transferred from a dependant – If you benefit return, enter the unused amount.	ur dependant will not use all of	their disability amount on their	income tax and	_
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to deter	rmine the amount of your prov	incial tax deductions.	,	10,880
	<del></del>	<del></del>		

Fillina	Out	Form	TD1	ION
	VUL	COLL	- 10	

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- · you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- · you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount only.

#### More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2021, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

#### Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

#### Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

#### Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

#### Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification	<del></del>
I certify that the information given on this form is correct and complete.	
Signature	Date2021-08-03

## **Determination of Exemption of an Indian's Employment Income**

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification			
Employee identification ————	111 15 1	1-	
Last name (please print)	Usual first name and initials		surance number
Residential address including postal code	CORREEN R	<u> </u>	131018101318
712 JOHN ST. THUNDER BAY	ON PTB 128		
Is the employee's residence located on a reserve?	•	Yes 🗌 No	<b>₹</b>
Indian status			
Is the employee an Indian as defined in the Indian A	Act?	Yes No [	¬
If yes, was the employee an Indian as defined in the	Indian Act:		_
☐ prior to 2011?			
because of Bill C-3 (also known as the Gender after January 31, 2011, may be exempt from ta	· Equity in Indian Registration Act)? Cax.	nly income earned on or	
because of the creation of the Qalipu Mi'kmaq exempt from tax.	First Nation Band? Only income earn	ed on or after September 22	, 2011, may be
Type of exemption *1			
The employee performs employment duties:			
1. entirely on a reserve 2. entirely o	off a reserve ☐ 3. partially	on and partially off a reserve	
If you chose 3, indicate the percentage of the emplo	<u> </u>		
All of the employee's employment income is exempt appropriate box.	from income tax if any one of the foll	owing situations applies. Che	eck the
the employee performs at least 90%*2 of the	employment duties on a reserve (quid	leline 1):	
the employee and the employer reside on a re			
the employee performs more than 50% of the reserve (guideline 3); or	employment duties on a reserve, an		
the employee's employment duties are connect benefit of Indians who, for the most part, resident	ted to the employer's non-commercial on reserves and the employer residual.	al activities carried on exclusi es on a reserve; <b>and</b> the em	vely for the ployer is:
<ul> <li>an Indian band that has a reserve or a tribal or</li> </ul>	ouncil representing one or more India	n bands that have reserves:	or
<ul> <li>an Indian organization controlled by one or mo cultural, educational, or economic development</li> </ul>	ore such bands or tribal councils and	is dedicated exclusively to the	e social.
*1 The type of exemption is based on the Indian Act Exer examples of exempt income and term definitions, go to employment-income-guidelines.	motion for Employment Income Guidelines	For a full description of the Gui	idolinos ingludina
*2 Proration rule may apply: When less than 90% of the exempted by another guideline, the exemption is to be performed on the reserve.	a duties of an employment are performed prorated. The exemption will apply to the	on a reserve and the employmer portion of the income related to	nt income is not the duties
Employee certification			
I certify that the information given on this form is co	rrect and complete.		
- 1/ -		_	,
Signature Con Signature		Date Aug 3/	2021
Personal information (including the CINI) is collected for the numbers	*** * * * * * * * * * * * * * * * * * *		

Personal information (including the SIN) is colfected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

#### Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for
  instructions on reporting requirements, see Guide T4001, Employers' Guide Payroll Deductions and Remittances, and
  Guide RC4120, Employers' Guide Filing the T4 Slip and Summary.

#### **Employment-related income -**

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.



# Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services

1-800-724-3402

SECTION 1 - EM	PLOYER/PLAN SPON	SOR INFORMATION				100
Name of employer/	plan sponsor			Policy/plan num	ber	electric de la TORTA de
SECTION 2 - ISS	UER INFORMATION		250	ALL DESCRIPTION OF A SECTION SEC	A. A. Salar Sa	The second seconds
The group annuity ON N6A 4K1. Lond	product for the registered don Life is a subsidiary of der licence by London Life	of Great-West Life. The	Great-West Life .	Assurance Company	(the Issuer) 255 Dr and key design ar	ufferin Avenue, London e trade-marks of Grea
	PLICANT INFORMATION					U 1000 - 177 - 1
Laşt name	Middle initi	al First	name	Division/sub	group Identifica	tion/employee number
KAKEGAM	IC R.		RREEN		Mark President	
Social insurance nu		Date of employm	7.60 V. dominio to	witchester (Critical and and and	La	inguage
I authorize the use of midentification and record	d keeping	2021 OB	03 1991	04 16 mm dd	☐ Male Female	English French
Marital status:	250000000000000000000000000000000000000	of spouse/partner	First name	En	nail address	
Quebec civil uni				Carlotte Car		lakeheadu.c
Single O	Promise Transfer of the Control of t	and the state of t		abou	quired for online access ut the plan or services (	s and to email information
Address (apt. no., s						
JIS JOHN	ST.				Total Total	WARE GIRLS EN
City	Day		Province		Postal code	
THUNDER			ON		P7B 1	28
Address (apt. no., s	s is a PO box, general de treet no., street)	elivery or rural route, al	city	ic or street address	Province	Postal code
Telephone no.	Alton	nate telephone no.	Province of em	-1	In the second	X III
receptione no.		nate telephone no.	Province of em	pioyment	Date joined	plan
<u> </u>	Ext.	===>#			9999	mm dd
Registry number (S	tatus Indian) (minimum 1	0 digits) 21103	6 3701	OFFE EN UN	T UTW = K=KL	1 1 1 1 1 1
Is the applicant a cadministrator can he	connected person? \( \subseteq \) elp determine whether the	res* ☐ No *Form * e applicant is a connec	T1007 must be fi ted person).	led by the employer	with Canada Rev	enue Agency (the pla
SECTION 4 - BEN	NEFICIARY INFORMAT	TION	K II X	- 2 8 // 31		OF WARRIES AND A STREET
Primary beneficiar	y(ies) on my death					
Last Name	First name	Date of yyyy	<b>birth</b> mm dd	Relationship to	me	% of benefit
SPENCE	HAYDEN	2015	04 06	SON	ZII.	
SPENCE	CHLOE	2017	61 70	DAUGH	TER	
						Total 100%
beneficiaries in equi contingent beneficia	quires otherwise, if one eal shares, or if there is ary(ies), the benefit will be siary(ies) on my death	no surviving primary b	iciaries predecea eneficiary(ies), to	ases me, their shar o my contingent ber	re will be paid to neficiary(ies) name	the surviving primary
Last Name	First name	Date of yyyyy r	<b>birth</b> nm dd	Relationship to	me	% of benefit
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THE TOTAL STATE	HER COMPLETE SERVER	William Charles	ereasignatur.		greater to be the th	Total 4009/

# Application for membership in a registered pension plan (continued) SECTION 4 – BENEFICIARY INFORMATION (continued) Contingent beneficiary(ies) on my death (continued) These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my spouse or common-law partner. All beneficiary designations are revocable except: where a Designation of irrevocable beneficiary form is completed where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.

where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.
 Where Quebec law applies:

If I designate my married or civil union spouse as my beneficiary, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing my beneficiary, making withdrawals (where permitted) or exercising certain other rights.
 I designate my married or civil union spouse as my revocable beneficiary.

Where a minor beneficiary or a person who lacks legal capacity resides in Quebec - Benefits payable under this plan to a
beneficiary who, at the time payment is to be made, is a minor or lacks capacity, will be paid to their tutor(s) or curator, unless a valid
trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the Issuer
has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section.
 Before designating a trust, legal advice should be sought.

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(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to me

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the Issuer to the extent of the payment. I authorize the trustee in their sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by the Issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

#### SECTION 6 - PAYROLL DEDUCTION AUTHORIZATION

I authorize my employer to deduct the following from each pay:

member required contributions under the provisions of the plan;
 6 6 and,

if permitted by the plan, additional voluntary contributions of \_\_\_\_\_\_\_. I reserve the right to alter or discontinue this option.

#### **SECTION 7 - INVESTMENT SELECTION**

Select investment(s) if the plan sponsor/plan administrator has given members the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
	%		%
	%		%

Total allocation must equal 100%

#### SECTION 8 - CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. The Issuer may use service providers within or outside Canada. Personal information concerning the applicant will only be available to the applicant, plan sponsor, plan administrator, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the Issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

#### **SECTION 9 - SIGNATURE**

I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the Issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original.

Signature of applicant RPP (Pay) – June 2017 Date Aug 3/2021
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